

Reminder:
All information must be written using black ink or type in capital letters.

Form 8



(Regulation 42)
MALAYSIAN RUBBER BOARD (INCORPORATION) ACT 1996
MALAYSIAN RUBBER BOARD (LICENSING) (AMENDMENT) REGULATIONS 2002

APPLICATION FOR/RENEWAL OF CERTIFICATE TO EXPORT RUBBER GLOVES

PART A			
1. Company Name:		2. Establishment Date(dd/mm/yy):	
3. Official Address:	4. Postcode:	5. Town:	6. State:
7. Premise Address (if different from above):	8. Postcode:	9. Town:	10. State:
11. Type of Business: (tick <input checked="" type="checkbox"/> where applicable) <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Packaging		12. Business Registration No.:	
13. Telephone No.:	14. Fax No.:	15. E-mail Address:	
16. Supply Source: (tick <input checked="" type="checkbox"/> where applicable) <input type="checkbox"/> Own Factory <input type="checkbox"/> From Manufacturer <input type="checkbox"/> From Packer			
17. Capital:			
a) Allowed Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Paid up Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ownership Structure			
i) Malaysian	<input type="checkbox"/>		
Bumiputra %	<input type="checkbox"/>		
Non-Bumiputra %	<input type="checkbox"/>		
ii) Foreigner %	<input type="checkbox"/>		
PART B			
18. Name of Contact Person:			
19. Designation:		20. Telephone No.:(if different from above)	
PART C			
21. Type of Export Gloves(please tick <input checked="" type="checkbox"/> where applicable)			
<input type="checkbox"/> Natural Rubber Examination Gloves (Powdered)		<input type="checkbox"/> Synthetic Rubber Examination Gloves	
<input type="checkbox"/> Natural Rubber Examination Gloves (Powder-Free)		<input type="checkbox"/> Nitrile	
<input type="checkbox"/> Natural Rubber Surgical Gloves		<input type="checkbox"/> Polyurethane	
<input type="checkbox"/> Household Gloves		<input type="checkbox"/> PVC	
<input type="checkbox"/> Industrial Gloves		<input type="checkbox"/> Others (Please Specify)	
		
		
For Office Use Only			
File No.		EE Registration No.	
Cheque/Money Order No.		Payment Amount	

I/We hereby declare that I/We are not bankrupt.

I/We hereby declare that within our knowledge believe that all information given are true and genuine and understood that if found otherwise, this application will be rejected.

Date:

.....
Signature & Company Chop